

## APPLICATION FOR A FACILITY LICENSE

**A COMPLETE APPLICATION MUST BE RECEIVED AT LEAST 60 DAYS  
PRIOR TO THE INTENDED START OF YOUR LICENSE OR THE EXPIRATION  
OF YOUR CURRENT LICENSE.**

### GENERAL FACILITY INFORMATION

1. Name of applicant: \_\_\_\_\_

☐ New

☐ Renewal FAC- \_\_\_\_\_

2a. Is applicant organized as: \_\_\_\_\_ Corporation  
\_\_\_\_\_ Partnership  
\_\_\_\_\_ Limited Liability Co. (LLC)  
\_\_\_\_\_ Sole Proprietorship  
\_\_\_\_\_ Other

2b. If "other", explain in detail: \_\_\_\_\_  
\_\_\_\_\_

2c. Applicant's federal employer tax identification number: \_\_\_\_\_

3. Name of facility, if different from name of applicant: \_\_\_\_\_  
\_\_\_\_\_

4a. Mailing address of applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Fax number: (\_\_\_\_) \_\_\_\_\_

4b. Street address of facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

5. County in which facility is located: \_\_\_\_\_

6. Description of gaming facility.

- a. Square footage of gaming facility: \_\_\_\_\_
- b. Capacity level of gaming facility: \_\_\_\_\_
- c. Available parking area for gaming facility (estimate number of parking spaces or size of parking area): \_\_\_\_\_
- d. Certificate of Occupancy date: \_\_\_\_\_



**Note: All premises or facilities on which or in which charitable gaming is conducted shall meet all applicable federal, state, and local code requirements relating to life, safety, and health.**

## OFFICER INFORMATION

- 7a. Please give the following information for the chief executive officer and the chief financial officer of the applicant.  
**Note: These officers shall be subject to a state and national criminal history background check, and fingerprinting will be required. Additional information will be forwarded to you relating to the procedures for the background checks.**

**Chief Executive Officer:**

Name: \_\_\_\_\_

**Note: PO Box is not acceptable**

Home street address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home telephone: (\_\_\_\_) \_\_\_\_\_

Work telephone: (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

**Chief Financial Officer:**

Name: \_\_\_\_\_

**Note: PO Box is not acceptable**

Home street address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home telephone: (\_\_\_\_) \_\_\_\_\_

Work telephone: (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

- 7b. The following information is required for officers of the applicant **not listed** in question #7a above:

**1) Officer's title:** \_\_\_\_\_

Name: \_\_\_\_\_

**Note: PO Box is not acceptable**

Home street address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home telephone: (\_\_\_\_) \_\_\_\_\_

Work telephone: (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

**2) Officer's title:** \_\_\_\_\_

Name: \_\_\_\_\_

**Note: PO Box is not acceptable**

Home street address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home telephone: (\_\_\_\_) \_\_\_\_\_

Work telephone: (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

**3) Officer's title:** \_\_\_\_\_

Name: \_\_\_\_\_

**Note: PO Box is not acceptable**

Home street address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home telephone: (\_\_\_\_) \_\_\_\_\_

Work telephone: (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

**4) Officer's title:** \_\_\_\_\_

Name: \_\_\_\_\_

**Note: PO Box is not acceptable**

Home street address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home telephone: (\_\_\_\_) \_\_\_\_\_

Work telephone: (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

*(Attach additional sheets, if necessary)*

## FINANCIAL INTEREST

- 7c. The following information is required for each individual who has a 10% or greater financial interest in the applicant (facility). **Note: These individuals shall be subject to a state and national criminal history background check, and fingerprinting will be required. Additional information will be forwarded to you relating to the procedures for the background checks.**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Note: PO Box is not acceptable**

**Note: PO Box is not acceptable**

Home street address: \_\_\_\_\_

Home street address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

County: \_\_\_\_\_

Home telephone: (\_\_\_\_) \_\_\_\_\_

Home telephone: (\_\_\_\_) \_\_\_\_\_

Work telephone: (\_\_\_\_) \_\_\_\_\_

Work telephone: (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

Social security number: \_\_\_\_\_

*(Attach additional sheets, if necessary)*

## EMPLOYEES AND/OR CONTRACTEES OF THE FACILITY

- 7d. The following information is required for each employee or contractee of applicant which manages the facility or provides other authorized services, including security, concessions, janitorial services, etc.:

1) Name: \_\_\_\_\_

2) Name: \_\_\_\_\_

**Note: PO Box is not acceptable**

**Note: PO Box is not acceptable**

Home street address: \_\_\_\_\_

Home street address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

County: \_\_\_\_\_

Home telephone: (\_\_\_\_) \_\_\_\_\_

Home telephone: (\_\_\_\_) \_\_\_\_\_

Work telephone: (\_\_\_\_) \_\_\_\_\_

Work telephone: (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

Social security number: \_\_\_\_\_

Mark one:

☐ Employee or ☐ Contractee

Mark one:

☐ Employee or ☐ Contractee

Please provide job title or position held  
and describe regular job duties:

Please provide job title or position held  
and describe regular job duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Attach additional sheets, if necessary)*

## ORGANIZATIONS LEASING FACILITY

8. The following information is required for each charitable organization to which you currently lease space:  
(Attach additional sheets, if necessary)

- a. Charitable organization: \_\_\_\_\_  
 Frequency of use: \_\_\_\_\_  
 Hours of use: \_\_\_\_\_  
 Rate charged: \_\_\_\_\_  
 Services provided by facility:  

<input type="checkbox"/> gaming space	<input type="checkbox"/> utilities	<input type="checkbox"/> insurance
<input type="checkbox"/> concessions	<input type="checkbox"/> parking	<input type="checkbox"/> tables and chairs
<input type="checkbox"/> adequate storage	<input type="checkbox"/> security	<input type="checkbox"/> janitorial service
<input type="checkbox"/> other non-gaming equipment		

 Expiration date of current lease: \_\_\_\_\_
- b. Charitable organization: \_\_\_\_\_  
 Frequency of use: \_\_\_\_\_  
 Hours of use: \_\_\_\_\_  
 Rate charged: \_\_\_\_\_  
 Services provided by facility:  

<input type="checkbox"/> gaming space	<input type="checkbox"/> utilities	<input type="checkbox"/> insurance
<input type="checkbox"/> concessions	<input type="checkbox"/> parking	<input type="checkbox"/> tables and chairs
<input type="checkbox"/> adequate storage	<input type="checkbox"/> security	<input type="checkbox"/> janitorial service
<input type="checkbox"/> other non-gaming equipment		

 Expiration date of current lease: \_\_\_\_\_
- c. Charitable organization: \_\_\_\_\_  
 Frequency of use: \_\_\_\_\_  
 Hours of use: \_\_\_\_\_  
 Rate charged: \_\_\_\_\_  
 Services provided by facility:  

<input type="checkbox"/> gaming space	<input type="checkbox"/> utilities	<input type="checkbox"/> insurance
<input type="checkbox"/> concessions	<input type="checkbox"/> parking	<input type="checkbox"/> tables and chairs
<input type="checkbox"/> adequate storage	<input type="checkbox"/> security	<input type="checkbox"/> janitorial service
<input type="checkbox"/> other non-gaming equipment		

 Expiration date of current lease: \_\_\_\_\_

## LEASE AGREEMENTS

- 9a. **Attach** a copy of a blank standard lease agreement used between applicant and charitable organization.
- 9b. **Attach** copies of each signed lease agreement described in question #8 above.

**Please read KRS 238.555(4) to ensure your lease meets the requirements of this statute.**

10. Do you own the facility you are leasing to charitable organizations?

☐ Yes or ☐ No

**If "no", please attach a copy of the lease agreement between applicant and applicant's lessor and state below who owns the property where the charitable gaming activities will be conducted.**

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_

## ADDITIONAL INFORMATION

11. Is applicant currently licensed or permitted to operate a charitable gaming facility in any other states, territories, or countries?

☐ Yes or ☐ No

If "yes," please list the state, territory, or country:

State/territory/country: \_\_\_\_\_

State/territory/country: \_\_\_\_\_

State/territory/country: \_\_\_\_\_

State/territory/country: \_\_\_\_\_

*(Attach additional sheets, if necessary)*

12. Has the applicant had any disciplinary action taken by any other state, territory, or country?

☐ Yes or ☐ No

If "yes", state when and by what regulatory authority and on what ground(s):

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13. Has the applicant ever been denied a license or permit to operate a charitable gaming facility in any other state, territory, or country?

☐ Yes or ☐ No

If "yes", state when and by what regulatory authority and on what ground(s):

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14. Has the applicant had any disciplinary action taken by **any other** regulatory authorities in the Commonwealth of Kentucky?

☐ Yes or ☐ No

If "yes", explain in detail the circumstances:

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- 15a. Has applicant or any individual named in question #7a, b & c above been convicted of a crime in federal court or the courts of any state, the District of Columbia, or any territory of the United States?

☐ Yes or ☐ No

If "yes", describe in detail:

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- 15b. Is the applicant or any individual named in question #7a, b & c above under indictment in federal court or the courts of any state, the District of Columbia, or any territory of the United States?

☐ Yes or ☐ No

If "yes", describe in detail:

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16. Is this facility used, leased, or provided to any organization for any use other than for the conduct of charitable gaming?

☐ Yes or ☐ No

If yes, please explain in detail:

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17. Does any organization have an office or place of business at the facility?

☐ Yes or ☐ No

If yes, please explain in detail:

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## CERTIFICATE OF OCCUPANCY

18. Does this facility meet all applicable federal, state and local code requirements relating to life, safety and health?

☐ Yes or ☐ No

**PROVIDE PROOF**

The applicant shall notify the Department of Charitable Gaming in writing of any changes in the information provided on this application within 30 days.

**CERTIFICATION (BY AN OFFICER)**

I certify under penalty of perjury that I am an officer authorized by the applicant to make application for licensure and that I have examined this application for licensure, including accompanying materials, and all information submitted is, to the best of my knowledge and belief, true and correct. I further certify that the applicant agrees to comply with all applicable laws and administrative regulations regarding charitable gaming in the Commonwealth of Kentucky.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Officer Title: \_\_\_\_\_

Date: \_\_\_\_\_

Mail completed application (including all required attachments), together with a check for the \$25.00 processing fee made payable to "Kentucky State Treasurer", to:

Public Protection Cabinet  
Department of Charitable Gaming  
Division of Licensing & Compliance  
132 Brighton Park Boulevard  
Frankfort, KY 40601

If you need any help completing this application, please call the Licensing branch at (502) 573-5528 or toll-free in Kentucky, (800) 729-5672.

Visit our website at:

<http://www.dcg.ky.gov>